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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	65745-001
First Named Inventor	Truitt
COMPLETE IF KNOWN	
Application Number	09 / 823,302
Filing Date	3/30/2001
Group Art Unit	U/K
Examiner Name	U/K

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Network System for Coordinating Proposals Relating to the
Provision of Services such as Restaurant Services for
Event Planners

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 03/30/2001 as United States Application Number or PCT International

Application Number 09/823,302 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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PATENT TRADEMARK OFFICE

Name

Address

City

State

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Country

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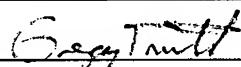
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Gregory
(first and middle [if any])

Family Name Truitt
or Surname

Inventor's
Signature



Date 12/04/01

Residence: City Philadelphia

State PA

Country USA

Citizenship USA

Mailing Address 116 S. 7th Street

City Philadelphia

State PA

ZIP 19107

Country USA

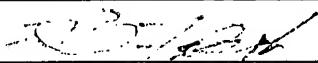
NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name Timothy
(first and middle [if any])

Family Name Stephens
or Surname

Inventor's
Signature



Date 12/04/01

Residence: City Philadelphia

State PA

Country USA

Citizenship USA

Mailing Address 158 Carson Street

City Philadelphia

State PA

ZIP 19127

Country USA

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kevin		Baird	
Inventor's Signature	<i>Kevin F. Baird</i>		Date 12/4/01.
Residence: City	Philadelphia	State	PA
Country	USA	Citizenship USA	
Mailing Address 3961 Terrace Street			
Mailing Address			
City	Philadelphia	State	PA
ZIP	19127	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/823,302
Filing Date	3/30/2001
First Named Inventor	Truitt
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	65745-001

I hereby appoint:

Practitioners at Customer Number → Place Customer Number Bar Code Label here
OR
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Gregory Truitt for E Z Applications, Inc.

Signature *Gregory Truitt*

Date 12/14/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted.

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